FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	FORM DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization) PM 11-24-39	(Rev. 07/2003) REPORT
Wintochof FOR City Council 2009 NOV 30 AM 10:	For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee	Logged In
(8)Support Slate of Candidates CANDIDATE COMMITTEES ONLY:	Computer
	Audited
Candidate Name Political Party GAM L. Winterhof NA	
Office Sought District (if Senate or House)	
Citylouneil AT Mage NA	
Robert J. Brown (319) 246-5062	11/24/09
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Late filed reports are subject to possible civil and crimina	l penalties
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	· politico.
I AM FILING A NULLEM GOLD 30, 2009 REPORT FOR ANIA (1) ELECTIO	N //0\N\0.1 = 1 = 1 = 1
(report date)	N /(2)NON-ELECTION YEAR.
Indicate one 🚺	
CHECK IF AMENDMENT TO REPORT DATED	Committees, enter Date of Election
$-U_{\ell}$	Y & Local Committees, enter County in
	y & Local Committees, enter County in Election is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	.s511.63
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	4 359 50
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign. Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	.\$5,471.13
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	1/ -2 2 68
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must	s 737.15
be zero) (Attach DR-3)	\$ 757473
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$o_
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 60499
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 600
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$

	For Instruct	tions, See Back of	Form ·		SCHEDULE		
-		TIONS — MONEY T			A (Rev. 06/97)	MONE	TARY
	COMMITTEE		e as on Statement of Organization)		☐ CH ÀMI	ECK THIS ENDING FO	BOX IF DRM
	STATE CANDIDA	ATES NOTE: IF A CONTE E PAC CHECK NUMBER IN	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION IT THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILA	COMMITTEE), LI BLE FROM THE	IST THE PAC ID IOWA ETHICS A	ENTIFICATION CAMPA	ON IGN
·	ioi any commer	cial purpose by any per	Code, prohibits the use of information copied from reports son other than statutory political committees.	and statemer	nts for solicitin	g contribu	tions or
	DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATION TO CANDII (if applica	DATE RE	MOUNT CEIVED	V IF FO FUNC RAISE INCOA
	11/3/09	CK# 2188	John L. RUNCHEY 920 COLUMBINE DR CELAEFAlls IS 50613	NONE	s s	О. —	WYCOK
	11/3/09	ID# CK# <i>C</i> 43 <i>H</i>		NONE	- 24	195	

John L. Runchey 920 Columbiae DR

JON CREWS

CELAPAIS IN 50613

4815 ALGONQUIN UNIT 3 CE dar FAlls IN 50613

DAVID OR SUE DEBYAR

1434 STARBECK CELANTANIS IN 50613

DES Moines IA 50310

JACKSON PODE-CARA KENNELY 2805 38 Th St

WALTER A. + DEDNE SEXChINA, The

CE da FAILS IN SD613-1550

9030 BEAVER VALLEY R.J. CELARFALLS IS 50613-9460

JAMES D + Phyllist Gibson

46 DELBYRNE DR.

DAVIS III 61019

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Edward J. + SHERRY M. BROWN

NONE

NONE

NONE

NONE

NOVE

NONE

NONE

NONE

SUB-TOTAL

schedule)

TOTAL (if last page of this

24.95

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100

100 -

100

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200.

5 999.90

1/3/09

CK# (18H

CK# 2192

CK# 8441

CK#6169

CK# 4933

CK# 1279

CK# 729/

CK# 1928

familial relationship, enter "not applicable" in the relationship column.

ID#

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ID#

10#

For	Instructions,	See	Back	of	Form	
. 0.	111311 4 6 110113,	366	Uack	O1	COLLE	

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (A	lust be sa	ame as on Statement of Organization)	
Mr. Janh F	600		
WinTorhoF	POR	COUNCIL	ł

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AMER	CK THIS BOX IF VDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	V IF
RECEIVED (MWDD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE (if applicable)	RECEIVED	FU RAI INC
11/41	10#	JON CREWS		s	
11/6/09	CK# 8442	Ledge FALLS IA SUG13	NONE	200	
11/10/09	CK# CASH	JAMES A. MUDD 3949 BEAVER Ridge TRL. CECLAR FAILS IA 50613	NONG	200 -	
11/10/09	ID#	SEAN Abbas			
109	CK# (ASh	CEAR FAILS IS 50613	NONE	50	
11/10/09	IO#	BRUCE A. OR JOANN K WINGERT			
10/09	CK# 3602	CEDREALIS IL 50613	Nove	100.—	
11/10/09	IO#	Bobbye A. CALLAHAN	Mother		
109	CK# 3187	1210 SUNNY SIDE CL. CELLE FAILS IA SDG 13	IN LAW	1.000:	
11/101	ID#	DAVID A. OR SHARON K. WIELME			
11/10/09	CK# 7928	4201 HERITAGE Rd. CEDR FAILS IN 50613	NONE	100	
11/12/	ID#	DONE + DAYNA TIMMERMAN			<u> </u>
11/13/09	CK# 4601	2329 MINNETONKA DR CELAR FALLS IN 50613	NONE	100	
11/	ID#	ROSAMARIA FINGLAY			
11/17/09	CK# (A34	1314 DELTA DR Cedse FAIIS IOWS	NONE	25	-
11/14/09	ID#	PETOZJ HOHNSTEIN + DEBORANJ SCHARK			
, ,,,,	CK# 4601	3715 WYNNEWOOD DR CELONFALL IA 50613	NONE	100	
11/17/09	ID#	Richard K+ MARI belle H. BETTERTON		1875	
11/09	CK# 2040	PE der FALLS IS 50613	NONE	15	
•			SUB-TOTAL	s 1840	
		. TOTAL (if)	last page of this	•	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 5 (for Schedule A)

schedule) \$

or	Instructions,	See	Back of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

	· ·
COMMITTEE NAME (Must be same as	on Statement of Organization)
Win TechoF For City	COUNCIL

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER		RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	FU RAI
11/17/09	CK# (ASH		NONE	5 24,95	1140
11/17/09	CK# C48 H		NONE	24.95	
11/17/09	1D# CK# CA-3 H	, ,	NONE-	34.95	
11/17/04	10# CK# <i>CASH</i>		NONE	24.95	
11/17/09	ID# СК# <i>С</i> 48#		NONE	24.95	
11/17/09	1D# CK# C48H		NWE	24.95	
11/17/09	10# CK# CAS H		NONE	24.95	
	CK# C48 H		NONE	24.95	
11/17/09	ID# CK# 589	MARVIN E DIEMER 5026 Bluebell Rd Cedal Falls, IA 50413-6324	NOWE	100	
"/17/09	ID# CK#12.66	CLEMENT J. HAVLIK 4015 SOUTH LAWN RG CE JMFAlls IA SUG13	NOAE	100	
			SUB-TOTAL		

TOTAL (if last page of this schedule) \$

Page 3 of 5 (for Scnecule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For	Instructions,	See	Rack	of.	Earm	
i Ui	manachons,	See	Dack	OI.	rorm	

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

	7
COMMITTEE NAME (Must be same as on Statement of Organization)	
WINTOShoF For Gty Council	

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE JOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	
11/17/09	ID#	STEVEC + JCAN FIRMAN 11 RIVER Ridge Rd.		s	
	CK# /357	CELSEFAILS, IS SDUAS	NOVE	100	
11/17/09	ID#	NEILT, + BARBARA MOZENA			T
11/09	CK# 588/	2320 ROYAL DR CELLIFALS IL 50613	NONE	20_	
11/17/09	ID#	DENNIS DOLAN 1304 GRAND BLUD.		120	
	CK# /226	CEDAR PAILS IN 50613	NONE	50	
11/17/09	ID#	ROBERT NEMMERS-			
	CK# CASH	WATERLOO DA 50701	NONE	75	
11/17/09	ID#	MARY ANN NEMMERS 2320 W.8"St	<u> </u>		
109	CK# C48 H	2320 W.885+ CELAR FAILE IS 50613	NONE	75	
11/11/09	ID#	BARNEYNINER			
	CK# (48 H	4709 Piz ARRO CRt. CEDSRFAILS ID SUB13	NONE	75	
11/12/	10#	JAMIE Thompson			
11/17/09	CK#CASH	CELAR FALLS IN SOLUIS	NONE	75	
11/21	ID#	LORNAG. + KEUIN R. HARBERTS		470	
11/20/09	CK# /6//	307 Winding Ridge Rd CECNEFALLS ZA SDG13	NOWE	200	
11/	ID#	ARIAND J. HAUGEN	70070	70	,
1/2409		3524 Chapman ct			
1	10.11	CESNFALLS IA SUG13 DAVID PONJONI E. KREJCHI	NOVE	50,-	
20/09		1004 Psekway tve	NONE	250-	
<u> </u>		CELLIFALIS ZA SOG13		220-	
•			SUB-TOTAL	s 970	

SUB-TOTAL S 970.
TOTAL (if last page of this schedule) \$

Page 4 of 5 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instruc	ctions, See Back of F	orm .	SCHE	ULE		
CONTRIBL	(Rev. 0		MONETARY RECEIPTS			
COMMITTE	ENAME (Must be same only For City	as on Statement of Organization)		CHECK	THIS NG FO	BOX IF
STATE CANDI	DATES NOTE: IF A CONTRIP	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAIL	N COMMITTEE). LIST THE P. ABLE FROM THE IOWA ETH	AC IDENTIF	FICATIO)и Gи
CAUTION: Set for any comme	ection 688.32A(6), Iowa Co ercial purpose by any perso	ode, prohibits the use of information copied from report on other than statutory political committees.	ts and statements for so	liciting co	ntributi	ions or
DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOU	NT	√ IF

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	V II FL RA
11/	10#	Shienau ne Rout Osh Aviole	-		IN
120/	CK# 6502	Sherry or Row Production 1006 LAKE Ridge or CE SAR FALLS, IN STORE 13	NONE	100	
	ID#	1 2 30613			
	CK#	÷ :			
	ID#				· · · · · · · · · · · · · · · · · · ·
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 ,			SUB-TOTAL		

TOTAL (if last page of this

TOTAL (if last page of this schedule)

\$4359.50

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5 (for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Winterhot For City Council

	,			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/5/09	CK# /03/	Signs DESIGNS 5600 NORDIC DR. CELAR FALK ID SOLIS	YARD SIGNS	\$1152.39
11/17/09	ID# CK#/032	DAVID WICLAND 4201 HERITAGE Rd. CEDANFALLS IA 50613	CARds FOR DOORS	240.59
11/19/09	ID# CK# <i>[0 33</i>	Think'N Think INC. 170 W. MullAN AVE WATERLOW IN 50701	YARD SIGNS 525 Aust CARDS 1,720- CFUCFU (Able 1:094	3, 341
	ID# CK#			
	ID#			

SUB-TOTAL

\$4,733.28

TOTAL (if last page of this schedule)

\$4.733.98

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page .		of		
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making a contribution consumption of the contribution consumption of the contribution	Disclosure law racu				2 40/k/11	DATE RECEIVED (MM/DD/YR)	PARTI - MONETA (Onginal involved	NOTE: This schedi	COMMITTEE NAME(MUS	0111110111001100
making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.	III A Candidata Committana lo disclosa lo care	TOTAL (PART I)			(-ARY WINTERMOFI= 1220 WAShINTEN ST (edd a Falls, ID 50613	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Onginal source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)	NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.	COMMITTEE NAME (MUST be Same as on Statement of Organization) Wintohof For City Council	TO, OFF BACK OF FURIN
nanorable of any relations nown to the third degrap). (See Page 2 of for there is no familial en it applies.		\$ 600.	-		SAme	RELATIONSHIP TO CANDIDATE (II Applicable*)	PERIOD wn il a third party is xds.)	which is deposited in t	zalion)	
rms					600.	AMOUNT OF LOAN		the committee acc		
	TOTAL OL					DATE PAID (MM/DD/YR)	PART II - MO	ount.		
Page	From Schedule E TOTAL LOANS FORGIVEN TOTAL OUTSTANDING LOANS END OF REPORT PERIOD	TOTAL CASH REPAYMENTS (PART II)				NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD (Loans lorgiven must be reported on Schedule $E \sim \ln kind$ Contributions)			
of Of Chedule F)	& & 	T II)				RELATIONSHIP TO CANDIDATE: (If Applicable)	REPORTING PER	CHECK THIS BOX	SCHEDULE F (Rev. 08/96)	
	600.	\$			€7	AMOUN REPAIL	OD Ons)	CHECK THIS BOX IF	LOANS RECEIVED & REPAID	